

Calloway County Public Library
Requests for Reconsideration of Library Materials Form
(Revised September 28, 2014)

(This form may be printed out and returned to the library)

Title of item _____ Book __ Magazine __ Other __

Author of item _____

Request initiated by _____

Address _____ Phone _____

City _____ State _____ Zip code _____

Do you represent

___ Yourself

___ An organization (name) _____

___ Other group (name) _____

1. Did you read or view the entire work? _____ What parts did you read or view?

2. To what in the work do you object? (Be specific; cite pages, sections etc.)

3. What do you believe is the theme of this work?

4. In your opinion, is there anything good about this work?

5. What do you feel might be the result of reading or viewing this work?

Signature _____ Date _____